

QA REPORT CORRECTIVE ACTION PLAN (CAP)

For Legal Entity (LE) Contract Providers Only

DATE:	LEGAL ENTITY NAME:		LE #:	
 INSTRUCTIONS: Identify the question number from the QA Report the CAP addresses. Identify if the CAP has been "Fully Implemented", "Partially Implemented" or "Not Implemented" by the date submitting the CAP to the QA Division. In the "Correction" field, identify the issue to be corrected (e.g. Lack of reference to/use of the Organizational Provider's Manual). In the "Action" field, identify the specific steps to be taken to address the issue in order to comply with LACDMH requirements. In the "Timeline" field, identify the anticipated completion date. In the "Barriers" field, identify any applicable challenges that exist to a timely implementation. Having barriers to implementation do not absolve your LE from complying with the requirement but will explain to the QA Division challenges that you are having. 				
Question No	Fully implemented	Partially implemented	Not implemented	
Correction:				
Action:				
Timeline:				
Barriers:				
Question No	Fully implemented	Partially implemented	Not implemented	
Correction				
Action:				
Timeline:				
Barriers:				